

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006973

STATE FILE NUMBER

AMENDED

Registered District No. 160

MAR 6 1962

Primary Registration District No. 559

Registrar's No. 31

## 1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN RURAL JOACHIM

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY JEFF.

c. CITY  
OR  
TOWN CRYSTAL CITYInside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS 206 BAILEY ROADReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
ROBERTMiddle  
F.Last  
REVIS4. DATE  
OF  
DEATHMonth Day Year  
3-1-62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-7-24

## 9. AGE (last birthday)

33

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

OFFICE WORKER

## 10b. KIND OF BUSINESS OR INDUSTRY

P.P.G.CO.

## 11. BIRTHPLACE (City and state or country)

CRYSTAL CITY, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

J. REVIS

## 13b. MOTHER'S MAIDEN NAME

MARGARET MURPHY

## 14. NAME OF HUSBAND OR WIFE

MARGARET

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

YES (no, or unknown)

(If yes, give war or dates of service)  
WW2

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MRS. R.F. REVIS CRYSTAL CITY, MO

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

Carcinoma right lung

Metastasis to Mediastinum

## DUE TO (b)

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

9 mo

5 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 6/1/61 to 3/1/62 and last saw her alive on 2/28/62  
Death occurred at 12:30 AM 3/1/62 on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

GENTRY R. POLITTE CRYSTAL CITY, MO.

3-1-62

R. A. F. J. J. J.

MAR 7 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gentry R. Polittle

Licensed Embalmer No. 3481

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.